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LECTURES

ON THE

PRINCIPLES AND PRACTICE

OF PHYSIC,

BY DR. ARMSTRONG.

Theatre of Anatomy, Webb Street.

LECTURE 28.

The subject of this evening's Lecture will be Small Pox, or *Variola*.

Small Pox.

When small pox arises from casual exposure to contagion, it appears, generally speaking, in about ten or twelve days afterwards, sometimes, however, later, and sometimes earlier. I knew an instance in a female who was not attacked by variola until nearly a month after exposure, and another instance in which it occurred in three days. When variola arises from inoculation, the system is commonly affected in about nine days. There is a state in the progress of small pox called the eruptive fever, by which is meant the fever which occurs before the appearance of the eruption, and that fever usually exists about three days, as a precursor of the affection of the skin. At this early period, you should be very cautious about giving an opinion as to the precise nature of the complaint, especially if small pox prevail in the neighbourhood. If you should be called to a patient who has a hot skin, a quick pulse, some uneasiness about his stomach, with nausea, retching, or vomiting, if the eyes be a little redder than natural, the tongue covered with a white fur, the head or back uneasy, you may generally suspect that it will turn out to be small pox, but you cannot be positive about it, and therefore do not commit yourselves by too unqualified assertions. When the eruption comes out, it appears first upon the face, neck, trunk, and then upon the upper and lower extremities. The eruption is generally finished in about three or four days from its first appearance; although VAN SWIETEN mentions that he saw a case in which the eruption was not finished till from six to seven days. That, however, depends very much upon the treatment, for if a patient be kept hot, the eruption will continue to come out for a longer time than if he be kept cool from the commencement.

The pathology of the old authors was external or symptomatic merely, and we accordingly find, in all the nosological systems, that small pox has hitherto been divided into two great leading varieties, the one called the *confluent*, the other the *distinct*, this division being simply founded upon the appearance of the eruptions. When the eruptions are so far separated from each other that they do not touch and coalesce, then it is called the distinct small pox; but when the eruptions run into each other and coalesce, then it is called the confluent small pox. But if a modern pathologist, unacquainted with the established technicalities, were to write upon the subject, he would found the distinctions, not upon the external signs, but principally upon the internal pathology, which is the most important. As, however, the terms distinct and confluent small pox are among our medical fixtures, I shall continue to employ them, and explain under them the internal pathology of small pox.

Distinct Small Pox.

There are two forms of the distinct small pox, the one of longer duration than the other. The first form is designated by the following symptoms: When the eruptive fever has continued about three days, you may, 1st, observe small red spots appear about the face, followed by others upon the neck, trunk, and extremities, and these spots gradually increase in size. 2. In the second place, each small red spot becomes a vesicle in about three days. 3. That vesicle, distended with serum, has a central depression, a small indentation at the top, visible usually between the third and sixth day. If you were to press the head of a small pin on a vesicle raised by a blister, it would give you a very good idea of what I mean by this central depression. This is invariably present in some of the vesicles, and, I repeat, it appears from about the third to the sixth day on the upper portions of the body. When the vesicle becomes a pustule, then the indentation is lost, an opaque spot frequently occupying its place. 4. This vesicle becomes a pustule between the sixth and ninth days, being then distended, not by a serous, but by a purulent fluid; the serum having been absorbed and pus deposited, or the serum converted into pus. At this period the eruption has a pearly sort of appearance, while each pustule, instead of having any central concavity or depression, is now globular. 5. There is a red and an elevated base round every well defined pustule. Maturation succeeds on the eighth, ninth, or tenth day, and then the scabbing or incrustation; the brown or dark scaly eruption at last falling off, sometimes leaving pits. Many expedients have been resorted to in order to prevent the pitting, but the only plan is to avoid the premature separation of the scab, and that is of some importance to recollect, especially in a dandy, or handsome female. (A laugh.) In the progress of the eruption, the face swells first, because the eruption is completed there first, and then swelling of the face subsiding, the hands swell, and after the swelling has subsided there, the feet swell less or more in their turn. During the progress of the eruption, an appearance somewhat approaching to that of a variolous pustule is seen about the mouth or fauces, and some authors have said, that they have found pustules internally, but the structure of the part does not admit of it, and they are rather aphthæ, resembling pustules. The cuticle is so modified after it reaches the lip, that it is, perhaps, a *physical impossibility*,* at least I have never seen what the Americans would call a *genuine* pustule there. It is the semblance of a pustule merely, even about the mouth or fauces. The tongue is usually covered in part with a whitish fur, and is moist, as the eruption proceeds. When the eruption has come out, the fever, in the distinct small pox, either entirely leaves the patient, or is very much mitigated; it remains in a slight degree, for it is not true, as some systematics state, that the fever invariably leaves the patient as soon as the eruption comes out or is finished. The bowels are usually more constipated than natural, and when they are lax you must be upon your guard, for it is generally owing to some irritation of the mucous membrane of the upper part of the colon, or of the lowest part of the ileum. The older authors were not in the habit of qualifying any thing which they said, and men who are accustomed to speak or write very positively are apt to mislead those who do not observe with minuteness. They said, that secondary fever arising about the period of maturation, was invariably the attendant of small pox; but it is not a necessary occurrence, for I have seen many cases of distinct small pox rendered still milder by a proper treatment, in which no secondary fever appeared. It is frequently present, however, where the eruption is abundant, and the causes which appear to produce it are the following: 1. The irritation in the skin is highest about that period of maturation, and this irritation occasionally appears to

* *The cuticle* has been distinctly traced as far down as the cardiac orifice of the stomach, by some late French anatomists.—*Ed. L.*

contribute to the rise of secondary fever. 2. As the pustules then subside, the absorption of the variolous matter may probably be another concurring cause. 3. A third cause may be, and often is, the interruption to the functions of the internal mucous membranes, as well as those of the skin; and in that way the secondary fever may arise sympathetically, for whenever the functions of the skin are much disturbed, then the internal mucous membranes are liable also to become disturbed. 4. A fourth cause is sometimes an accumulation of fæces or urine, or both. This secondary fever appears to have been the universal attendant of small pox in former times, because the practitioners neglected to use aperient medicines, by which the intestines were surcharged, and the urine retained.

Now, there is another variety of the distinct small pox, which has been called the mitigated, *modified*, and also the varioloid disease, but it is merely a variety of the distinct small pox. I believe it to be so, because the premonitory symptoms are the same as attend the other or first form of the distinct small pox; 2. The eruption comes out likewise, in the same way; 3. The eruption has the central depression; 4. The pustule has a cellular structure, which is peculiar to small pox, the pustule being divided into numerous cells; 5. In the fifth place, to put the matter beyond all doubt, it gives rise also to small pox under all its modifications. What then is the peculiarity of the secondary form of distinct small pox? It is this; it stops, as it were, in the middle of its progress, on or about the fifth or sixth day, and the pustules are generally smaller and harder. The reason, I believe, why this form of variola has not been noticed as a milder epidemic variety, is partly this, that men have not examined cases sufficiently for themselves, but have given too much credit to CULLEN, the false prophet in the modern medical world. SYDENHAM does not appear to have met with this form of small pox, and, as CULLEN copied his descriptions from SYDENHAM, of course it does not form a part of that nosology, in which some look for every thing, forgetting to peruse the volume of nature.

This modified variola has been supposed to arise from the influence of vaccinia, or cow pox merely. It is not my intention to deny the modifying influence of vaccinia; but I do mean to deny, that it is the sole cause of producing this modified or milder form of the disease; and I deny it, because I have seen several cases of this mitigated or modified small pox, or variolous disease, arise in children who had never been vaccinated at all. Three children came under my observation who were inoculated with small pox matter; in one of these the eruption stopped on the fourth day; in the second it stopped on the sixth day; and in the third it stopped suddenly on the eighth day, when it was apparently assuming the confluent character. I could adduce many cases of the same kind, some arising from inoculation, others from casual infection, entirely distinct from any influence of vaccinia. There is, therefore, a second and a milder form of distinct small pox, which CULLEN and his followers have not described. An important question now arises, does vaccinia really mitigate small pox? I have made many minute inquiries on this point, and they have, at least, led me to believe that it does modify, or rather mitigate, subsequent attacks of small pox. People, however, have gone so far as to say, that it does so invariably; but, speaking from the facts which have come under my observation, I should say, that I have seen some children affected with small pox, most severely, who had undergone the operation of vaccination; and I am afraid that the truth, the whole truth, has not always been told respecting the character of all the cases which have occurred after vaccination, which notwithstanding is, in many cases, a complete preventive of small pox, where it is properly performed.

The *Confluent Small Pox* is the third form, respecting which I shall now make a few remarks.

You may generally be apprised of the disorder being likely to turn out confluent by the precursory symptoms, which set in more severely. When you find a patient complaining

of pains in his head and back, the respiration being hurried and anxious, the pulse more quick and the skin more hot than natural, and the stomach much disturbed, you may suspect, from the violence of the symptoms, that the affection may put on the confluent character, and the more especially, if on examining the patient minutely, you discover a very great number of small red specks approaching each other on the surface, accompanied by considerable inflammation about the throat.

As far as the character of the fever is concerned, there are two forms attendant on the confluent variety, and it is of the utmost importance to distinguish them in practice. The first form of fever is *open*, attended by an intensely hot and dry skin, by a very quick bounding pulse, by a moist tongue, excessive thirst, and great restlessness. This open, or ardent, form of fever goes on, under its highly developed type, for four, five, or six days, and then it is remarkably changed; the heat falls upon the surface of the body, the pulse becomes soft and compressible, the tongue glazed and often brownish, the breathing weak, and the face dusky; in short, the change is precisely similar to that which takes place in the first open form of typhus fever, and is owing to the same cause, viz. the development of the bronchial affection. Now what takes place here in four, five, or six days in the open form of fever, takes place at or about the onset in the second form of fever attending small pox, for then the bronchial affection is so urgently developed as to smother or mask the fever.

In the first form, in which the fever is open, the face swells soon, and does not subside so quickly as it does in the distinct variety; the eruption goes on as usual, and the fever does not leave the patient on the appearance of the eruption, but continues, and even increases, until the bronchial affection sets in decidedly, and then the fever puts on the typhoid aspect, when the most remarkable changes are produced with respect to the heat, the pulse, the respiration, colour, and strength of the patient. If this change does not take place till the seventh or eighth day the pustules go on filling, but if the bronchial affection occurs much earlier, it arrests the eruption, for then the pustules become flatter, a change always observed with great alarm, and properly too, by poor persons, who say, "Alas!" or "Oh dear! how flat the pock has become." Petechiæ sometimes form, or spots of effused blood, which are hardly ever found in fevers where this bronchial affection is not present. Now when this bronchial affection is early and intensely developed, the patient has a dry glazed tongue, a smothered heat upon the surface, a soft compressible pulse, a weak breathing, a purple lip, a husky voice, and the pustules never rise much, and have a dull mulberry sort of appearance at first. The open form of fever, which attends the confluent small pox first described, generally occurs in strong robust persons, whereas the other, or masked form, generally occurs in weak persons, especially among the tabid children of London, who are badly fed and clothed, and who live in close and confined situations.

Causes.

You must have perceived from what has been already said, that variola is a specific affection; that it arises from a peculiar cause, namely, a contagion, but how this was at first generated—how it arose *de novo*, we do not know; however, there are sufficient proofs that a contagious essence is now the only known cause. That the blood becomes tainted is unquestionable, because a secretion is given off, which being received into the body of another produces a like disorder. This condition of the blood, under given circumstances, occasions similar effects on certain structures, and in a pathological view may be considered as one of the causes which influences, perhaps according to its degree, the character of small pox.

2. A second cause which modifies small pox is the condition of the atmosphere. It is a very remarkable fact, that those children who live in cellars generally have the small pox in the confluent form, whereas those children who live in open streets, or in garrets, where there is a free cir-

culation of air, most frequently have it in the distinct form. It is also a curious fact, that certain countries are affected differently at different times. HUMBOLDT, in his travels in South America, mentions that it is far more fatal at some seasons than in others; sometimes passing over the earth like a destroying angel, and sometimes being comparatively harmless. Perhaps we might make a near approach towards explaining such differences, if an accurate register were kept of all the concurring circumstances, physical and moral, an omission very remarkable in the recorded histories of epidemics. No men should be more minute observers than medical philosophers.

3. A third cause which influences small pox is what is called the constitution of the patient, and this you know, when separated into parts, may be an hereditary, an ætal, a sexual, or an acquired peculiarity. All individuals whose mucous membranes are predisposed, are apt to have the small pox severely, and hence its fatality among pale puny children, and hence the great utility of preserving the general health of children by the means which I formerly mentioned.

4. In the fourth place, the medical treatment may influence the small pox, and hence the hot regimen was so mortal in the time of SYDENHAM. Prejudices, indeed, descend from the profession to the public, so that even now, among the vulgar, we frequently find instances of small pox which had been distinct in the beginning, and which had been made confluent in the progress by an adherence to the old practice—the hot regimen, a part, forsooth, of that wisdom of our ancestors for which we still have so many sticklers, if not in this, at least in other departments of medical science. Truly some men are so fond of antiquity, that if their grandfathers and grandmothers had shaved themselves with a wooden razor, they would certainly not only do the same, but protest against the introduction of a steel one as a dangerous innovation. On the whole, however, we may rejoice that improvement in our profession will be progressive and permanent, whatever difficulties the human mind may have to encounter in other provinces in its various attempts to ameliorate the condition of mankind. But to return from this digression to the immediate objects of the lecture.

I do not recollect that I ever saw a patient die of distinct small pox; the reason of that is, because the disorder, as far as its internal pathology is concerned, is that of simple excitement; or if any inflammation should exist, it is so slight about the fauces and air passages as to be removed by the natural efforts of the system, or rather by that increased secretion which takes place from the mucous surface. But the confluent small pox is often fatal. The first form, that in which the fever is openly and highly developed, is an internal inflammatory affection, as far as its internal pathology is concerned. The inflammation exists on the mucous membrane of the fauces; it extends to that of the pharynx; it passes down that of the larynx and trachea, even reaching to the minutest ramifications of the bronchia. This you will find in every case where you examine the body carefully after death. In some cases, traces of inflammation will be found in the brain, where delirium had occurred during life, and occasionally the remains of inflammation of the lining of the bowels, the symptoms of which had been present during the progress of the disorder. In the second form, where the fever is masked, the morbid appearances are similar; but in such cases the bronchial affection is so excessive as to prevent the blood from undergoing its natural changes through the lungs to any extent, and therefore all the powers of life fail so remarkably from an early period. You will see an excellent account of the morbid anatomy of small pox in an able paper which Mr. ALCOCK published in the Medical Intelligencer—an account which exactly coincides with what I have myself observed; but the uniformity of this occurrence in confluent small pox can only be referred to some morbid condition of the blood, aided by those concurring causes which I pointed out before.

Diagnosis.

There is only one affection which could be confounded with variola, and that is the chicken pox, or the *varicella*. Dr. THOMPSON, the deservedly distinguished lecturer on physic in Edinburgh, has attempted to show, in an able work, that varicella is only a modification of the small pox; and though my own observations would incline me to a different opinion, yet I would strongly recommend you to peruse that work, since Dr. Thompson's experience, in this affection, is more extensive far than mine. But supposing you were asked what are the differences between chicken pox and small pox, what would you say? You might say,—1. That the precursory symptoms are slighter; 2. The eruption is more regular as to its time, form, and continuance; 3. The vesicle is not so well defined; 4. The areola is not so vivid and raised round the cuticle—it is not cellular; 6. It has not the central depression; 7. It arises much sooner to the full size, and is apt to be ruptured by the movements of the body; 8. The scab is flatter and comes off earlier. Thus I have enumerated eight distinctive marks, but at the same time it is right to say, that in the milder forms of small pox and in the severe forms of chicken pox, it is so difficult sometimes to distinguish the one from the other, that, with the single exception of the central depression, you could not discriminate the one from the other. I have never seen the central depression absent in small pox, and what is remarkable have never seen it present in the chicken pox.

Treatment.

With respect to the treatment of small pox, you must have perceived that it requires to be varied, for as the disorder varies, the treatment ought not to be uniformly the same. Now supposing that you were called in the beginning of the eruptive fever, where you had every reason to suspect that the eruption would follow, pray what would you do? Why, you should investigate whether that fever be simple or inflammatory, and act just as you would if there were to be no small pox in the question. If the eruptive fever be rightly managed, according to its simple or inflammatory character, the subsequent small pox will generally be very mild indeed. If the fever be simple, then a saline aperient daily, a spare diet, a cool atmosphere, with rest, and tepid ablutions, will answer every purpose; but if the fever be inflammatory you must use bloodletting, according to its seat and degree, or rather according to those principles which I have previously laid down. When the eruption comes out and is distinct, let the patient be kept at rest, the diet be spare; let the apartment be moderately cool, let it be refreshed by daily ventilation; keep the bowels gently, very gently, open, and every thing will do well. Recollect that it has a determinate duration, and do not adopt too active a treatment, for really a mild one alone is necessary in such cases.

With respect to the *Confluent* form of small pox, the treatment must be different. Supposing you were called to a patient labouring under the eruptive fever, which threatened a confluent form, then you would of course prescribe first, according to the degree of that fever, and secondly, according to the nature and extent of the local affection with which it might be complicated. You would, in a word, pursue an active or an intermediate plan, as the signs and their pathological conditions indicated. But suppose you were called to a patient when the eruption had come out, the tongue being white and moist, the skin hot and dry, and the pulse hard and strong, would you give that patient wine and bark because he had the confluent form of small pox?—Most certainly not. If SYDENHAM could rise from his grave, now that a century and a half have rolled away, he would find that the wine and bark system still prevailed, and would again express his astonishment at the continuance of so mortal a mistake. Confluent small pox, under this ardent and open form, is most highly inflammatory, and for the first three or four days is in the most favourable condition for the use of bloodletting, and yet, Gracious God! wine and

bark are indiscriminately recommended. But I must protest, in the strongest manner, against this practice; it is absurd—it is preposterous—it is disgraceful to the age; and what is the consequence of it? Why, that all the patients die under this form where this treatment is adopted—at least I can affirm, that I never saw one recover. Recollect, however, carefully recollect, that I only recommend bloodletting at an early stage of this form of confluent small pox, while the heat is high, the pulse hard, the tongue moist—as long, I repeat, as these symptoms continue, you may save many lives by bloodletting, and an antiphlogistic regimen. Bleed decisively at first, and generally mild measures will do afterwards; for if you repeat the bleeding too copiously the patient will commonly sink. The late Mr. CHARLES HADEN treated several cases successfully on these principles; Mr. ALCOCK has been extremely successful by a similar plan, and I could adduce several examples in proof of its superior efficacy, under the circumstances before mentioned. In truth, bleeding has been recommended by the first authority in the early period of the confluent small pox as an efficacious remedy, and among these may be enumerated Rhazes, Sydenham, Mead, Friend, and Huxham. But unfortunately they did not point out distinctly the conditions under which they used bloodletting, and the abuse of the measure, together with the introduction of the false and fatal doctrine, nay speculation, of abstract debility, has brought bloodletting into undeserved disrepute. If you were to lose the first few days, while the excitement runs high and the tongue remains moist, and if you were, desperately rash, to bleed when the tongue has become glazed and brown, the pulse soft and compressible, the skin not hotter than natural, the voice feeble and the strength really subdued, then you would indeed destroy the patient. If you bleed at all under such circumstances, let it be locally and cautiously. If the throat be much inflamed, apply a few leeches to it and watch the effect of their application; and if the pulse at all sink under the bleeding, stop the oozing from the punctures immediately. At such a stage of these cases there ought to be no curtains about the bed; the air should circulate freely about the sick, but the surface should never be in the slightest degree chilled, the warmth of which should be kept natural by the regulation of the clothing of the patient, and the temperature of the chamber. The diet should be light, and the common drink diluted with lemon juice expressed through muslin, so that the pulp and fibres might be excluded, which sometimes irritate the mucous membrane of the bowels.

The treatment of the second form of confluent small pox, that in which the fever is masked, in which, in fact, it has the congesto-inflammatory character, ought to be similar to that which has been laid down for the advanced stage of the first form. Whatever may be done in such cases, as far as I have remarked, a large majority will prove fatal, from the great intensity of the bronchial affection, and the little power which patients then have to sustain evacuations. The knowledge of this truth should be well understood by practitioners and parents, since the issue of small pox, and the same remark is applicable to measles, depends mainly upon the state of the patient at the time of the attack, which is far less dangerous in healthy than in sickly children. But as vaccination unquestionably prevents the occurrence of small pox in many cases, and as the experience of practitioners tends to show that it greatly mitigates the disorder even when it does follow vaccination, so you are bound, by every sense of duty, to practise and recommend that operation, which was so strenuously advocated by JENNER, whose memory deserves to be embalmed by blessings of all true philanthropists. In my next course of Lectures I shall enter fully into the consideration of vaccination, a subject which is worthy of the most serious attention, especially when we recollect, that in London alone, the average of mortality from small pox is little less than 1000 annually. If inoculation formerly diminished the ravages of small pox, vaccination has far stronger claims to our notice as a

preventive and mitigator of this dreadful malady.

In my previous Lectures on Typhus Fever, I felt it my duty to lay open my mind to you in the most undisguised manner on the subject of its origin and nature, and I trust that I adduced a body of evidence, from an extensive experience, sufficient to make you pause as to the question of its supposed contagious property; but I think it right to say, that, independent of the communicability of small pox by inoculation, we have other proofs which render it certain, that it does propagate itself by contagion, for not only are persons who visited the sick liable to be attacked by small pox, but they in their turn propagate the distemper among others. This double proof is applicable to small pox, measles, scarlet fever, and hooping cough; but I have not been able, since I have divested my mind of prejudice, to find any similar proof of the contagious nature of typhus fever, though I have sought most attentively for facts. It is really true, that much which has been confidently written, and still more confidently spoken, respecting the contagious nature of typhus fever, has all the fluency and anger, and all the shallowness of a school-boy's theme. But this I will venture to assert, in the face of all authority, that no man of a perfectly unprejudiced and pure mind could fully investigate the rise and decline of typhus fever in this country without entertaining the strongest doubts as to its contagious nature, while a similar inquiry would leave no doubt on his mind with reference to the communicability of small pox, measles, scarlet fever, and hooping cough, which will form the subject of my next Lecture.

LECTURES
ON
PHRENOLOGY,
BY
DR. SPURZHEIM.

LECTURE 8.

LADIES AND GENTLEMEN,

I HAVE now to consider certain feelings which, in my opinion, are of the highest importance—feelings which have produced great disorders, and which, I fear, may still do so, but when well regulated they become the greatest blessings to mankind. I have called your attention, in the first lecture, to the relative development of the different parts of the head; I have mentioned them. No given configuration is of much importance but that; thus we have to inquire, what is the proportion of the upper to the lower part of the head? since we find that in many heads the lower region is much more developed than the upper, and that in others there is as much brain in the upper as in the lower part; and that there is, again, in some individuals, more brain at the upper part than at the lower. We have also seen that it is necessary to look to the whole size of the upper part; and you will find, in some individuals, the head is more developed anteriorly than posteriorly; in others, more in the centre than either anteriorly or posteriorly; and in others, more posteriorly than in the middle or anteriorly; and there are some quite depressed in the centre and elevated anteriorly and posteriorly. Every one may observe these differences, and I am sure that among the persons present the greatest variety will be found to exist; hence there can be no doubt that the different parts of the brain placed in the upper region of the head are differently developed. Is it indifferent whether we have much brain at the top or little? Is it a thing indifferent whether we have more brain in the front and upper part, or in the posterior and upper part? Observation and experience must decide.

Veneration.

I have already stated, the last time I met you, that we look here for the organs of the moral and religious feelings, since phrenology admits that man is by nature a moral and religious being. I hope no one will find the least difficulty in admitting this. I know that several persons have thought that such a doctrine must be dangerous, but we also know, that new doctrines have been at all times thought dangerous by their adversaries. We know their reasons, but we wish all those who hesitate to assent to reflect upon the point, because you will always recollect, that we do not create any powers as phrenologists, we only observe the operations of those powers which already exist, and when we see certain beings manifest feelings disposing them to certain actions, we admit the existence of such feelings. I do not know whether you ever noticed it or not, but there are children who, from their infancy, have shown themselves more disposed to religious considerations than others. If you consider the subject in a philosophical view, you must allow that the Creator has communicated to man important faculties by which man is prevented from being given less to himself as an animal. Nature has taken care of man as an animal, and has given him certain powers to enable him to do so, and do you think that the Creator has given up man in the more important feelings to his own caprices? I will endeavour to explain what I mean. You will find among all professions, and especially our own, persons who wish to be the masters of nature; and you will meet with some who will say, "we are the masters of nature, and nature has no rule;" but this error may be exposed easily, for we all know that we suffer from diseases, and cannot, frequently, obtain relief; and I am sure every scientific physician will admit this. There are those who say, that eminence in the arts and sciences may be acquired by education; that, in fact, education can do every thing, and that man is a moral and religious being from education. We pay masters great sums of money for the education of our children, hoping that they may acquire the talents, and we find often that, in the end, money and time are all lost; so that we see that even great masters cannot give the talents, but where there are natural dispositions for them they may be cultivated, and so give excellence; now in the same way man is a moral and religious being; he has these natural dispositions, and if he take care of them and cultivate them, they prove to him the greatest blessings which the Creator has conferred. Education improves and cultivates the talents, but it can never bestow them. If education can impart talents to beings without any predisposition on their parts, why not teach religion and mathematics to our domestic animals? It is impossible to instruct any being in that which he is not prepared to receive; hence I speak of certain natural dispositions, called moral and religious.

I have spoken in a general way of several sciences, and I come now to speak more particularly of religion. Is there one fundamental power in mankind which predisposes to the actions called moral? Dr. GALL speaks of the organ which I have named the organ of benevolence as the seat of that feeling. If we examine mankind, however, it is impossible to acknowledge that all their actions are the result of benevolence. Do not confound the opinions I advance; I repeat therefore, and say, that I admit the existence of a moral feeling in man, and I am of opinion that the morality of man may be explained as an individual primitive power. I admit benevolence as a fundamental power, the organ of which is quite ascertained. I know persons who spend their time and fortune in doing good to others, and you will find in them the part of the head I have before described as the organ of benevolence much developed; when the contrary characters, persons who are selfish in a high degree, have that part much less developed. I will admit that sometimes very benevolent persons may become, by their benevolence, unjust; on the other hand, we find persons very just, but at the same time very severe. In legislation there have been courts of equity established favourable to benevolence, but in

courts of absolute justice there is no exercise of any such feeling. Again, we may have a sense of morality and justice in the highest degree and yet not be benevolent; and we may steal from others and cheat others, and yet be benevolent; there is no proportion between these feelings. I shall speak of several feelings given to man to regulate his actions with reference to other persons, and in the same way I cannot admit only one fundamental feeling to produce all the manifestations of man called religious. Veneration is a feeling given to man in order to guide him in his actions, to modify his actions; a feeling which may be sometimes called religious and sometimes moral, because the same feeling is applied to man, to our neighbours, and is also applied to higher conceptions, to supernatural conceptions. I have shown you a difference, but I repeat that I do not speak of determinate actions, nor do I speak of a determinate religion, whether of the Jewish, Mahometan, or Christian. We know that the Christian religion impresses morality; but phrenology cannot decide for you what religion you are to choose; it only asserts this, that there is a feeling given to man which induces him to pay attention to supernatural religion. All natural philosophers have admitted that men have instincts which lead them to have communication with superior beings. It has been attempted to deduce these feelings from reasoning, but in the dark ages of the church, when there was very little reasoning admitted into their worship, we find that this feeling of devotion, of attachment to superior beings, existed in a high degree. Reason, however, is cold, we want a warmer impulse; if we were to act from reason merely, we should do very little. I put it to any one of you now, whether you do not find feeling the first motive in all actions, not reasoning? if our feelings were the result of reason then we should act differently; but I have to show you that the feelings are all blind, from the highest to the lowest, without any exception. Benevolence is blind in itself; if you were guided by benevolence alone you would commit mistakes; you cannot prevent errors by mere benevolence, and so of other feelings which have been called moral and religious; they must be guided by and combined with reason, but the feelings themselves are not the result of reason, nor is reason the result of the feelings. You may see very good natured men, and you may like to be in their society, but you can place very little confidence in their judgment.

Dr. GALL thinks that the feeling of religion is attached to the cerebral part, which is situated in the upper middle line of the head; he calls it the organ of religion. I have seen, however, individuals who have had this cerebral part very much elevated, and yet have not been religious. We see some persons who are very much attached to what they call faith in religion, and pay little attention to works; whilst others do not care what the belief may be, they do not consider the fundamental condition of salvation to depend upon belief, but regard works more. Some persons are particularly attentive to what they call worship, to do what they consider pleasing to a Supreme Being, but recollect I do not speak of any peculiar kind of worship, or of any determinate adoration, whether of the Jewish or any Christian sect; I speak only of fundamental feelings which dispose men to reverence, to pay respect as well to a superior being as to beings around us.

We may pay respect to our ancestors, or to our parents, or to old opinions, if you please, and there are many men who very much respect them; so that you see I cannot speak of its application; it seems to me a fundamental feeling, and if we admit the Cause of all causes, we shall pay to it the greatest respect. Determinate lessons are given to us from infancy to adore a superior being, and therefore, some say, there is no proof that this feeling is given by nature; but observe such as receive no such lessons, and you will see that to adore, to venerate superior beings, and to respect beings around us, is a fundamental feeling; and that feeling, like all others, is blind. We know that the ancients venerated objects, and that the savages do still, which a reasonable man cannot respect, such as animals, the sun, moon, stars, and so

on. Look at those men most disposed to veneration, but yet being of different opinions as to the application of it, does not the one sect complain of the other's doing things not to be admitted by reason? It must be left to every individual to determine in what way he will adore, phrenology cannot decide this, it can only point out the disposition which influences man to do so. Some individuals say, that having this feeling, no man would be an unbeliever. This feeling is not important to cause a man to believe, for I have seen persons who have had this feeling strong and yet not shown great belief in holy things, and even some who will believe nothing without their own investigation and inquiry will have this part of the head very high. If I see a person whose head is developed highly at the upper part, I admit that he is good natured, but what application he will give to this feeling I do not know. We often find that the anterior part is high and the middle is depressed, as you see in this cast. The posterior part is high in others, and when you find the posterior part high and the middle depressed, you may be sure that the individuals are not much inclined to worship in any religion; they might worship from a sense of duty, or of showing an example to others, but if they were to consult their own feelings, those I mean who are depressed here, (in the middle,) they would say, if they could abstain from doing it they would. The individual feeling must be directed in this as in any other power; respecting for example acquisitiveness, the law is given, "thou shalt not steal," and so here I speak merely of the natural disposition, not of its application. The anterior part is the organ of benevolence; the middle part is that which gives rise to feelings called moral and religious, to pay respect to beings around us, and pay veneration to supernatural beings, or to saints; but there are some persons in society to whom nothing appears worthy of respect. It is a feeling productive of good to society, and one of those which exercises a sort of control over the lower feelings.

Firmness.

I come now to a power which has hitherto been too much confounded with the will, and it appears to me to have been so confounded because will itself has been expressed by different names. Phrenology, however, makes a distinction, for it will be seen that the feelings have been considered as so many species of will, from the highest to the lowest. If you study all philosophers, even Locke, who have regarded the powers of the mind, you will find that they have divided the mental operations into two great classes—the understanding and the will; but sometimes the will is good and sometimes bad, because we do not know what the will is. We find that some persons talking to others, or making known their wishes to others, will say, "I will that such a thing is done; I will this or that;" but if you ask them, "What do you mean by saying you will?" "Why, that I will," they say. (A laugh.) They are inclined to speak generally in an imperative way; they say, I command, or I insist, not I desire, or I request; they feel that strong inclination to exert authority, and to speak with great decision. If you know such a person who has a strong desire to have command, and if such power be combined with self esteem, they will be sure to obtain it somehow or other; such persons will say to others, "If you follow us you will go to heaven, but if not, you will go to hell." (A laugh.) If I observe a person studying phrenology going on very well for a time with it, and then starting objections, which he should have raised when he began, and will consider and overcome such objections, I would say, let me examine such a person's head, whether there is any development of the power I speak of. But if, on the other hand, I meet with an individual who will admit every thing, and make no objections to what I say, I should not expect to find much of this power in him, and would rather see an individual make objections and investigate the subject; I like that better.

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* We should imagine that the Doctor wished to introduce that line of Milton, in which it is said,

"Better to reign in hell than serve in heaven."—EDIT. L.

I like to see the power of firmness; it is the basis of the love of independence. I like to see the organ well developed, and I like to see the surrounding parts also well developed, for if this power be active alone, and be not in combination with other powers, or in harmony with other powers, abuses are the result. We have seen that benevolence alone produces abuses, and that veneration alone produces abuses, even superstition in the highest degree. Firmness is so important in nature, that nothing can be done without it. I am sure, that if we had not shown some firmness in our support of Phrenology, it would have been dropt long ago. (A laugh.) If the power goes alone, then stubbornness and obstinacy are the results. In such a head as this (in which the organ was very much elongated, the surrounding parts flat) I should say that stubbornness and obstinacy prevailed. This power has nothing to do with any philosophical knowledge, although it is often confounded with the will. Many persons are ready to undertake things, but they never overcome them; if any little difficulties occur, oh! they give up. I shall show you a head just to try you; now what would you think of such a head for perseverance? (Showing a cast.) You would not judge much of it; and this is generally the case where the middle is depressed, and the posterior part of the head is high. Now here is another cast; what would you think of such a head, judging from the size of the whole head? You see that the upper region is very large; we have veneration, and benevolence, and firmness, all large in this head. You might depend upon such a person's being good-natured, benevolent, and yet decided. Those who have at all studied anatomy well know, that there are two hemispheres of the brain, and that they are separated by a membrane called the falx, at the root of which runs a large blood-vessel called the longitudinal sinus, so that although the organs are marked singly on the skull, yet in point of fact they are double; we speak of the cerebral parts situated on each side of the sinus. Sometimes the course of the sinus can be distinctly traced on the skull by a projection which it occasions, but we attach no importance to it. It may be seen in this skull, and in this. (Two were shown, in which the projection of the sinus was marked.) I have already gone through a number of powers situated in the middle region of the upper part of the head, and I have to speak of another; now all these, as benevolence, veneration, and firmness, will have a great influence on our actions in society. A man may have great veneration, and worship the sun, and yet be benevolent; he may be benevolent, and yet very stubborn, or may be either one or the other, and yet be either just or unjust. We have now to examine that power which gives man an inclination to be just.

Conscientiousness.

It would, perhaps, be difficult exactly to define what we commonly understand by the term justice; since there is no determinate justice given by Nature, our distinctions must be arbitrary, and especially since justice and the principles of justice vary in different countries. Hence we cannot speak of any determinate actions as being just or unjust, since we have no determinate justice to try them by. When we speak of a person having the organ of veneration large, we merely mean by it that the person is disposed to venerate; and if we see the organ of firmness large, we know that the individual likes to insist upon the feeling, but we do not know how he will do so, in what particular way we may choose to insist upon it. Now I admit that there is a natural feeling which makes us look up to our actions with a desire of doing justice, and this feeling is called *Conscientiousness*, a feeling not sufficiently acted on by mankind. There is a great deal of benevolence in mankind, much more benevolence than justice, and if we appeal to the benevolence of mankind, we shall find them disposed to do more, and to give up more than they would sacrifice for the sake of justice.

That the love of truth is not very predominant in some persons I think you will all admit; it is common for persons to hesitate and ask,—Shall I injure myself by telling the truth? But what I have to maintain is, that there is an innate

feeling, a sort of internal monitor which communicates to men the course which they should pursue, and the regulation of their actions in conformity to the principles of right. We see that it is more prominent in some characters than in others. I appeal to observation, to nature, to legislation, to answer whether this feeling does not exist, although we see but too rarely the influence of it in overcoming the feelings which are opposed to it, so as to cause persons to ask, when their interests are in the way, Is such an action just, or is it unjust? Let the other powers clash with this in his ordinary pursuits, let the love of approbation, let misfortune, or selfishness interfere, and you will too often find that this power of conscientiousness is not strong enough. Some individuals have the other feelings, benevolence and the love of approbation, we will say, strong enough to break through all other considerations, but we find this individual power generally small in mankind, and I think the neglect of education of the moral powers very much prevents the development of this feeling. Look into nature, and you will find the heads of some persons contracted and others full in this part; and whenever you find an individual who has a desire to be just, who wishes to become just, who has the zest to be just, he will have this organization well marked; but every man has for himself his own peculiar justice. You know it is a proverb of the old times, "The way of every man is just in his own eyes." The determinate application of this justice will be modified by the force of the other powers, but the feeling itself is essential.

The development here on both sides of firmness, between firmness and circumspection, is that which I consider to be the seat of this feeling, or desire to be just, not of any determinate justice. (Different casts were then shown, in which the organ appeared more or less developed.) However, you meet with some persons in whom it may be pretty large, yet acquisitiveness or destructiveness may be larger. Now you may see the development of these organs in this head; the desire of doing justice was not so strong as the desire to steal and to destroy; these latter powers were very active in this individual. (Patch.) Would such a man be active in his desire of doing justice, do you suppose? (Showing a head in which the organ was little developed.) Do you think he would allow the dictates of this internal monitor to guide him? I like to see heads broad here; broad in firmness, and good development in this part also. If I see a person with a development like this, broad here anteriorly, full in the middle, and broad laterally, I am sure that such a person will always combine works with his religion, for we shall have benevolence, veneration, firmness, and conscientiousness, all full, and in good activity. (Dr. SPURZHEIM then showed the cast of the head of a criminal very flat in this part, the organ of conscientiousness being very little developed, and that individual betrayed not the least contrition for his offence up to the moment of his execution.) If it were only for the restraint of the laws, I think crimes would be more frequently committed, because the laws are easily evaded; but I believe that this feeling is more active in preventing bad actions, when it exists in good force, than any thing else. Some would not do any thing against the dictates of their consciences, but look at this head (flat in conscientiousness), Do you think such a man would make his conscience the most severe judge? I would say that the individual was disposed to be very liberal, but this organ is flat.

[Dr. S. then briefly recapitulated what he had said of veneration, firmness, and conscientiousness.] I have considered the power of conscientiousness as the basis of all legislation, for without the fundamental feeling of looking for justice, no laws could have been made, for it is the desire to be right and just to others as to ourselves, that we must admit. Some men merely decide by firmness and their will becomes the law; but I consider that the fundamental feeling of the desire of justice is the basis of legislation, and this, combined with other feelings, must point out to us what is to be regarded as just or unjust.

The next time I shall consider a power called *hope*, it has been ranked among the moral and religious powers, because it is essential to belief.

REVIEW.

1. *On the Nature and Treatment of the Distortions to which the Spine and Bones of the Chest are subject; with an Inquiry into the Merits of the several Modes of Practice which have hitherto been followed in the Treatment of Distortions.* By JOHN SHAW, Surgeon and Lecturer on Anatomy. 8vo. pp. 293. London, 1823. Longman and Co.

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HOWEVER it may arise, whether because man is an imitative animal, or because his attention is roused to activity by the necessities which surround him, an ardent disposition to act *gregariously* may be plainly perceived; or, in other words, whatever may be commenced by one man is immediately prosecuted by a host of others. But this state of things does not commonly obtain long, some improvement is made, and other more inviting, or more profitable projects succeed, which forthwith, true as shadow to the substance, become the standing order of the day, till the bubble bursts, or till they are deposed to make room for some novel or more specious objects of pursuit, by which means the energies of the flock are directed into other and sometimes, though but rarely, more useful channels. Whence arises the present apathy for mathematical investigations? Is it not because the sublime discoveries of NEWTON kindled a spirit of enthusiasm so ardent, that improvements were multiplied and perfection approached so nearly, that in our day the laurels to be gathered are comparatively few and extremely difficult to be obtained? Botany, too, has had its day, and Chemistry has lost much of the attraction which, in our juvenile years, it was wont to possess. CAVENDISH and BLACK, PRIESTLEY and LAVOISIER, are now almost forgotten, and even the name of DAVY is heard but seldom. At one period the study of this science was almost universal; and oxygen and hydrogen, and chlorine and nitrogen, "familiar in men's mouths as household words," manifested the interest which it then excited, and which (agreeably to the general law) has since been followed by a corresponding degree of neglect. That which is true of the science as a whole is also true of its various departments; and we have only to cite mineralogy as an example in order to show, that the ardour with which a subject may be pursued is strictly in proportion to its infancy, and that all sciences will be more and more neglected as they approach nearer and nearer to perfection, for it is in the nature of men to endeavour to distinguish or enrich themselve

That mine will be most worked from which the greatest quantity of ore can be extracted; and that stream will be most frequented by anglers which most abounds with fish. This disposition, or fashionable mania, is far from being confined to philosophy or the arts, for in our own profession the same disposition to simultaneous movements obviously obtains, and particular diseases have particular æras in which they are cultivated with more than usual ardour, just as *epidemic* book-making among the profession always marches in the rear of pestilential visitations. But the extent of an evil is not to be inferred from the number of individuals who may sound the alarm; or, in other words, because a host of professional writers may start up at once, like the soldiers of CADMUS, it must not be inferred that the particular disease upon which they may choose to exercise their talents is therefore making dreadful, or more than ordinary, havoc amongst us, any more than that the downfall of our ecclesiastical establishments may be predicated from the senseless cry of "the church is in danger." Not long since nothing but consumptive maladies occupied the attention of the profession, and cart loads of books were written on the subject. Now, however, although the evil remains unmitigated and unarrested, that "song has ceased," and *spinal distortions* are become the reigning topic of the day. Pre-eminent amongst the host of writers on spinal distortions are the authors of the volumes before us, which we shall now proceed to inspect.

The work of Mr. SHAW treats principally of lateral curvature and of its treatment. It is a performance of considerable merit, but is most lamentably deficient in arrangement, so that it is difficult to present our readers with an outline of its contents. The second work, by Mr. BAMPFIELD, although it is modestly styled an *Essay*, is much more comprehensive, and exhibits a better specimen of the *concatenation of ideas*. It treats—1st. Of the diseases of the spine; 2. Of excurvation; 3. Of the remote and predisposant causes of curvature; 4. Of the prognosis and diagnosis; 5. Of the treatment of excurvation; 6. Of incurvation; 7. Of lateral curvature; 8. Of the treatment of lateral curvature; 9. Of angular projection; 10. Of fractures and dislocations of the vertebræ; 11. Of concussions, &c. of the spinal marrow; 12. Spina bifida; 13. Inflammation of the medulla spinalis and its membranes (with cases); 14. Of other affections of the spine, and diseases said to originate in its derangement. Three cases of excurvation, and four of angular projection, will be found in the Appendix.

Mr. SHAW's first division is devoted to the pathology of curvature, and the opinions of Mr. CHARLES BELL peep out in every page. "Exercise," says Mr. Bell, "is the stimulus to perfection." "It may be stated, as a law of the animal economy," echoes Mr. Shaw, "that the exercise of an organ is necessary, not only to its perfection, but even to its preservation," and this leads him to the "conclusion," we beg pardon, "*important* conclusion, that the cellular mem-

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2. *Seven Engravings, illustrative of a work on the Nature and Treatment of the Distortions to which the Spine and the Bones of the Chest are subject.* By JOHN SHAW, Surgeon. Folio, pp. 47. London, 1824. Longman and Co.
3. *An Essay on Curvature and Diseases of the Spine, including all the forms of Spinal Distortion: to which the Fothergillian Gold Medal was awarded by the Medical Society of London.* By R. W. BAMPFIELD, Esq. Surgeon to the Royal Metropolitan Infirmary for Diseases of Children, &c. 8vo. London, 1824. Longman and Co. pp. 387.

HOWEVER it may arise, whether because man is an imitative animal, or because his attention is roused to activity by the necessities which surround him, an ardent disposition to act *gregariously* may be plainly perceived; or, in other words, whatever may be commenced by one man is immediately prosecuted by a host of others. But this state of things does not commonly obtain long, some improvement is made, and other more inviting, or more profitable projects succeed, which forthwith, true as shadow to the substance, become the standing order of the day, till the bubble bursts, or till they are deposed to make room for some novel or more specious objects of pursuit, by which means the energies of the flock are directed into other and sometimes, though but rarely, more useful channels. Whence arises the present apathy for mathematical investigations? Is it not because the sublime discoveries of NEWTON kindled a spirit of enthusiasm so ardent, that improvements were multiplied and perfection approached so nearly, that in our day the laurels to be gathered are comparatively few and extremely difficult to be obtained? Botany, too, has had its day, and Chemistry has lost much of the attraction which, in our juvenile years, it was wont to possess. CAVENDISH and BLACK, PRIESTLEY and LAVOISIER, are now almost forgotten, and even the name of DAVY is heard but seldom. At one period the study of this science was almost universal; and oxygen and hydrogen, and chlorine and nitrogen, "familiar in men's mouths as household words," manifested the interest which it then excited, and which (agreeably to the general law) has since been followed by a corresponding degree of neglect. That which is true of the science as a whole is also true of its various departments; and we have only to cite mineralogy as an example in order to show, that the ardour with which a subject may be pursued is strictly in proportion to its infancy, and that all sciences will be more and more neglected as they approach nearer and nearer to perfection, for it is in the nature of men to endeavour to distinguish or enrich themselve

That mine will be most worked from which the greatest quantity of ore can be extracted; and that stream will be most frequented by anglers which most abounds with fish. This disposition, or fashionable mania, is far from being confined to philosophy or the arts, for in our own profession the same disposition to simultaneous movements obviously obtains, and particular diseases have particular æras in which they are cultivated with more than usual ardour, just as *epidemic* book-making among the profession always marches in the rear of pestilential visitations. But the extent of an evil is not to be inferred from the number of individuals who may sound the alarm; or, in other words, because a host of professional writers may start up at once, like the soldiers of CADMUS, it must not be inferred that the particular disease upon which they may choose to exercise their talents is therefore making dreadful, or more than ordinary, havoc amongst us, any more than that the downfall of our ecclesiastical establishments may be predicated from the senseless cry of "the church is in danger." Not long since nothing but consumptive maladies occupied the attention of the profession, and cart loads of books were written on the subject. Now, however, although the evil remains unmitigated and unarrested, that "song has ceased," and *spinal distortions* are become the reigning topic of the day. Pre-eminent amongst the host of writers on spinal distortions are the authors of the volumes before us, which we shall now proceed to inspect.

The work of Mr. SHAW treats principally of lateral curvature and of its treatment. It is a performance of considerable merit, but is most lamentably deficient in arrangement, so that it is difficult to present our readers with an outline of its contents. The second work, by Mr. BAMPFIELD, although it is modestly styled an *Essay*, is much more comprehensive, and exhibits a better specimen of the *concatenation of ideas*. It treats—1st. Of the diseases of the spine; 2. Of excurvation; 3. Of the remote and predisposant causes of curvature; 4. Of the prognosis and diagnosis; 5. Of the treatment of excurvation; 6. Of incurvation; 7. Of lateral curvature; 8. Of the treatment of lateral curvature; 9. Of angular projection; 10. Of fractures and dislocations of the vertebræ; 11. Of concussions, &c. of the spinal marrow; 12. Spina bifida; 13. Inflammation of the medulla spinalis and its membranes (with cases); 14. Of other affections of the spine, and diseases said to originate in its derangement. Three cases of excurvation, and four of angular projection, will be found in the Appendix.

Mr. SHAW's first division is devoted to the pathology of curvature, and the opinions of Mr. CHARLES BELL peep out in every page. "Exercise," says Mr. Bell, "is the stimulus to perfection." "It may be stated, as a law of the animal economy," echoes Mr. Shaw, "that the exercise of an organ is necessary, not only to its perfection, but even to its preservation," and this leads him to the "conclusion," we beg pardon, "*important* conclusion, that the cellular mem-

brane is not to be regarded merely as a modification of the original tissue, or matter, in which the peculiar substances that give character to *bone*, *muscle*, and *nerve*, but even *that* from which other parts may be formed. [Which means, that cellular membrane is a modification of *that* from which other parts *may* be formed.] The leading proofs upon which this opinion rests are, that the several *organs*, unless kept in *action*, degenerate into *cellular membrane*; and that under certain circumstances new organs, different in appearance and in function, may be formed where nothing but cellular membrane was before visible"—pp. 1, 2. But because new parts may be formed where cellular membrane *was*, it does not therefore follow that they are formed *from* celinlar membrane; and, *a converso*, it is by no means proved, that because cellular membrane may be found where bone, muscle, and cartilage *were*, that *therefore* the bone, muscle, and cartilage are resolved into cellular membrane. Does nature carry on her operations in this way? Certainly not, and the loose expressions of Mr. SHAW (such as *degenerate* into, *assume* the same appearances as, and *fall into the same condition* with the cellular membrane) are typical of the imperfect idea he has of the process which she really does employ. To illustrate his position he cites, as an example, anchylosis of the joints, which, instead of being the *effect of disease*, results entirely from his favourite phantasy of inaction! If a part be inflamed, does it not frequently ulcerate, and if it ulcerate, is it not removed; and if it be removed, does nature *always* set up an action to reproduce it exactly as before? Certainly not; and this is what Mr. SHAW calls "degenerating into cellular membrane." Be thou bone no longer, says the surrounding cellular membrane, and, *presto*, cellular membrane the bone becomes! Oh! thou silly one.

He is much more reasonable when he speaks of the effects of inaction on the *muscular* frame:

"The effects produced upon the muscular frame," says he, "from long confinement to bed, or when, for the purpose of deceit, the limbs have been bandaged to prevent the muscles from acting, are well known. The confinement of young persons, who are slightly distorted, for months together to one position, or the encasing them in machines which not only preclude the necessity of any muscular exertion, but, by pressure on particular parts, cause the muscle to waste"—pp. 5, 6.

Exercise of a muscle may be necessary to ensure its perfection, but disuse does not cause it to fall into the condition of cellular membrane.

But hear Mr. BAMPFIELD, who is somewhat *critical* on this subject:

"It has of late been urged, as an objection to the long continuance of the recumbent posture, that it produces a soft state of the bones; I must not doubt such statements, but I cannot help observing, that I have had many opportunities of examining persons who have died after having been many years bed-ridden, and I have not witnessed in them a soft state of the bones, nor such as is observed in rachitis. Were this a general fact, in no species of curvature would recumbent posture be so properly objectionable, as in the lateral one; nor could the rickety diathesis be expected to be cured during its use, but every day's experience refutes such a conclusion.

'It may be stated as a law of the animal economy,' says Mr. SHAW, 'that *the active exercise of an organ is necessary, not only to its perfection, but even to its preservation.* This is often exemplified by the state of parts which are not kept in due activity; for, if they are not exercised, they degenerate, so as even to lose their peculiar characters, and gradually to become similar in structure to the common cellular membrane.' From this it is inferred that the cellular texture is not only the original matter in which bone, muscle, and nerve are deposited, but that from which other parts are formed. If it had been assumed that the exercise of an organ is necessary to its functional perfection, it would have met with a general concurrence; but when it is added that it is necessary to its preservation, that is stated to be a law of the animal economy which will not be readily assented to. The experienced physiologist will have observed many instances of persons, who, from obesity and corpulence, have, for years, been deprived of the due activity and exercise of their muscles, especially of the lower extremities, in whom the muscles have not wasted, the bones have not been softened, and in whom, the bursæ, capsules, and ligaments, do not form one indistinct mass of cellular substance. He will have seen many, who, from advanced age or infirmities, have been bed-ridden for ten or twelve years or more, and have been necessarily inactive, and yet the muscles, bones, joints, and their constituent parts, have been preserved, and show their external character and uses very distinctly. In one case, all these parts were organized, preserved, and distinctly cognizable, and might be stated to be perfect, except the spine, although they had never been kept 'in due activity,' and hardly used at all from her birth. If 'the active exercise of organs were actually necessary to their preservation,' woe be to old maids and bachelors, nuns, and friars, and the barren, for their genitals must be converted to fat. Woe to the man affected with inactive obesity, for he must become a mass of 'common cellular membrane'!!!

The pathologist will urge that the eye of the child, born with congenital cataract, which may not be subsequently exercised in vision for a few years, is still in a state of preservation, and may have its visual function restored by couching or extracting the crystalline lens, and so may the eye of the adult, after a cataract has existed for some years. The man long confined or chained in a dark dungeon, on being restored to light and liberty, finds the exercise of vision and of his muscles painful, but not lost. He will state, with truth, that the organs of hearing and speech, of persons deaf or dumb, although not at all exercised for long periods, have been restored to their sense of hearing and speech, which proved them to be in a state of preservation.

It will be allowed, that action of muscles is necessary to preserve their strength; and that *inaction of muscles, during disease*, as of the lower extremities during scrofulous inflammation of the knee-joints, *produces wasting or absorption of the muscles.* The pathologist will allow that a joint may become anchylosed and its parts changed, but he will maintain that it is the result of a morbid action, as of chronic inflammation, implanted in the joint, and will deny that this is the sole effect of disuse. He will allow that the sockets of bones may be wholly changed and obliterated after permanent dislocation; but this is for a wise purpose, and not the sole effect of disuse. The motion of joints may be lost by the permanent contraction of muscles, but even they do not necessarily anchylose. There is a man of the name of Gass, in Covent Garden Infirmary, the state of whose extremities illustrates the effect of inaction in a healthy, and in a crippled or diseased member. Ten years ago, he fell down, and, as he supposes, dislocated the left femur at the hip-joint, the extremity of that side is shorter than the other, and he has never walked since; for the last six years he has never been out of his room, and has scarcely moved his lower extremities. The muscles of the left, or injured extremity are wasted, and the thigh is about half the circumference of the other, which is occasionally ulcerated. The right extremity and all the other parts of the

body are muscular, and the man looks stout and robust, except in the injured limb. Surely then, the wasting of the muscles of the left limb is attributable to inaction under disease or injury, and not to mere inaction; as, were this the case, the right extremity would be equally withered.

In all the cases of softened bone, mentioned by Mr. Shaw in his valuable work, at p. 6, *et seq.* the bone had been either wounded, fractured, or dislocated, and had, consequently, been subject to diseased action, and the osseous condition had not been changed by mere disuse, whilst the body was in health. Does not a solid bony union of fractures take place during the motionless quiescence and perfect inactivity of the limb? Teeth neither decay nor waste, nor become soft from disuse, as where those opposed to them in the opposite jaw are drawn; but they enlarge and retain their hardness.

Case.—Mrs. Heap, of Maiden-lane, had an ulcer of the right lower extremity, extending from above the knee to half way down the tibia, which had continued for twelve years; appeared to be of a constitutional character, and had necessarily subjected it to inaction. On her decease, I sawed out equal portions in length of both tibiæ. Their weight was the same; the circumference of the right tibia, over which the ulceration had existed, was a line more than the left, and it possessed an equal portion of earthy matter, so that the bone had not been affected either by the ulceration or inaction."—*Bampfield*, pp. 231—236.

"It is true," says Mr. SHAW, "that when a *scrofulous* joint is amputated, the bone is found to be so soft that it may be cut with a knife, but a bone may be spongy and soft, although there be no scrofulous tendency in the constitution," and he infers that it may "degenerate into this condition merely from want of use." "For if," says he, "a soldier in active service receives a wound for which *immediate* amputation is necessary, or *if* the same operation be performed on a strong labourer while he is in full health and exercise, the bone is found hard as ivory, and *compact* [a necessary quality of hardness and ivory] in structure; but if either the soldier [when an *immediate* amputation is necessary] or the hospital patient should, in consequence of the injury, be confined to his bed for some time before the leg is amputated, the bone is found soft and spongy, like that of a scrofulous person. A most remarkable instance of this is preserved in Mr. BELL's Museum. It is a part of the thigh bone of a very strong man, who was a country brewer's drayman. The bone had been fractured, but being *badly managed* [in the Middlesex Hospital we suppose?] had never united. After the lapse of two years the limb was amputated, but the bone, though still of its original diameter, is not thicker in its walls than the tenth of an inch, the cavity having been filled up with a cellular structure loaded with fat."—*Shaw*, pp. 7 and 8.

The bone was *badly managed*, and did not *unite*, and *therefore* it was loaded with "cellular membrane and fat," *of necessity* resulting from a state of INACTION!!!

All this reasoning, or rather theorizing, leads him to the following conclusion, viz. "That weakness of the muscles is *therefore, perhaps*, one of the most frequent forerunners of distortions," and as to the admission that "there are many other causes," which he shall "have occasion to point out," he then speaks of "feats of noble prowess," opera dancing, tumbling,

and other gymnastic exercises; Chinese posture masters, thumb-rubbers and quacks next succeed, and thus terminates the first division of Mr. Shaw's performance.

[*To be concluded in our next.*]

The Medical Mausoleum.

We do not think it necessary on the present occasion to enter into any extended review of our friend Copland's Miscellany, for, in truth, it contains but little that can interest our readers, it being for the most part composed of matter which they have long since possessed. It contains much, however, to which the *reductio in absurdum* is strictly applicable; but since it is our desire to furnish such things as are truly useful, we shall briefly notice the production in order that the public may estimate its merits, and thereby avoid a profitless expenditure of their money.

Part 1st, Original Communications, contains four papers, the first by Mr. Amesbury, being a description of his apparatus for fractures of the olecranon and patella, for which we believe he has procured a patent.

2dly, A case of aneurism of the anterior cerebral artery, by Mr. Spurgin, of Saffron Walden.

The patient, æt. 57, had been subject to occasional fits for the space of two months, and died apoplectic. The patient was treated in the usual manner, and the case is of little practical interest. The brain was examined eleven hours after death, when the following appearances presented themselves:—

"Removing the brain from the cranium, a long red streak was seen upon the under surface of the right anterior lobe, and under this an abscess, of rather more than an inch in length, discovered. Immediately behind this, to the outer side of the olfactory nerve, and before the junction of the optic nerves, an aneurism (the size of a hazel-nut) of the right anterior cerebral artery was found pressing upon the right optic nerve. The coats of the aneurism were very thick, and its cavity contained a small coagulum in a little bag of adhesive matter: it had burst on its upper surface into the lateral ventricle. The rest of the brain appeared natural, excepting being too much charged with blood."

3dly, Conclusion of a paper on pulmonary disorders, by Mr. Rennie, surgeon. Some remarks on the former part of this communication will be found in Vol. VII. No. 5, page 154, of The Lancet. The author, it will be recollected, is a great advocate for "invigorating diet" in pulmonary disease, and, as he would have us believe, with good reason, for, by his own account, his practice has been *uniformly* successful, at least he has neither published nor hinted at a case in which his plan of procedure has failed, has not been crowned, nay, more, overwhelmed, with the most astonishing success; tubercles, hectic purulent expectoration, &c. being all put to flight by the talismanic genius of Rennie! The following is an amusing specimen of Mr. Rennie's general manner of reasoning; it is to us perfectly inexplicable:

"That the functional capacity, both of the lungs and stomach, depend essentially on the vital power imparted by the blood to *their* respective tex-

tures, is hardly to be questioned; and the reciprocal influences of the blood and of these organs *re-acting on each other*, thus produce derangements in a complicated manner and COMPOUND RATIO."

A little farther on he says,

"I am convinced, by numerous and varied observations, that those constitutional tendencies to organic congestion, in which detraction of blood is generally considered essential, are frequently increased by abstinence and inadequate diet, pursued with the express view of prevention, and are materially counteracted by those means which are unquestionably the best calculated to reproduce the blood which has been abstracted, i. e. *by a full supply of nutrient and solid animal food*, administered with due regard to the functional capacities of converting it to its proper use."

We have only room for another extract:

"If there is a fever *resembling* hectic, and associated with cough, dyspnœa, and pain in the chest *resembling* inflammation, which fever is induced and increased by *debilitating* depletions and abstinence [debilitating starvation], what must be the ultimate result of pursuing *abstinence to extinguish that fever?*" !!!

Speaking of the antiphlogistic plan of procedure, he says "whatever come of the patient's *constitutional powers*, he must be *bled, purged, sweated, starved, kept completely quiet, cool, motionless, and* (the climax comes at last) *as near to inanition as possible*"!! Bah!

The last of the 'original' communications is "a case of *plegmasia dolens*, which terminated in sphacelus of the leg and foot [foot and leg], by Mr. DAVIES." In this case (which is the only article of sufficient value to merit publicity of the original department) the limb was amputated above the knee, but as the operation was performed on the 17th ult. whilst the account bears date the 20th (only three days subsequently), we shall postpone our analysis of it till the patient's recovery is no longer doubtful.

Part 2d, contains a review of four books, viz.

Blundell's Physiological Researches,

Latham on the Diseases of the Penitentiary,

Parry's Elements of Pathology, and

Scudamore on Colchicum; all of which have been long since disposed of in the pages of THE LANCET.

In the remainder of the Mausoleum we observe nothing either novel or interesting, excepting an article on the Edinburgh School of Medicine, in relation to the statutes recently enacted by the northern senate. It appears to have been written by one of the Decad, (probably by Jemmy himself,) as we should infer from the vulgar abuse which is lavished on the College of Physicians, who, if they exercise any unwholesome influence, do it by ancient charter, whilst the DECAD are not only the most paltry of innovators, but the most insolent of harpies that this prolific age has hatched.

REVIEWS FROM THE WEST.

Observations on the intended Motion for connecting a National Surgical Hospital with the Royal College of Surgeons in Ireland, addressed to the Members and Licentiates. By I. T. KIRBY. Dublin, 1825.

WHEN we first read this Address, circulated a few months ago by Mr.

KIRBY among his professional friends in Dublin, we intended to review it at that time, but, on reflection, we thought it better to let it work its own way, unassisted by any aid except its merits, which we then presumed were sufficiently evident to accomplish the object of the author. Alas! we were no prophets. To judge from those motives which ought, rather than those which do govern human action, of the probable result of discussion in an assembly secured by law against the consequences of the abuse of power, is not, we perceive, the surest way to form a prospective opinion of any measure, however beneficial its tendency, having to undergo the multifarious opposition of passion, prejudice, and self-interest. Our experience should have taught us not to calculate with confidence on corporate lubricity, "false as dicers' oaths." But we should have been equally deceived, had our anticipations been founded even upon this view of the question, for Mr. Kirby's proposal was defeated neither by the cunning of self-interest, the blindness of passion, nor the obstinacy of prejudice, but by the fatuity of its opponents. A more humiliating subject cannot well be considered than the decision of the Irish College of Surgeons upon this important question, since upon its rejection or adoption depended the future advancement of surgery in Ireland; and what will be the reader's surprise when he is informed, that a question, involving so many vital interests, was contemptuously dismissed by a body whose charter defines their duty in these words, "To establish a liberal system of education in Ireland," without being even discussed? In order that the reader may be able fully to appreciate the deep injury which the profession of surgery in Ireland has sustained by the failure of this measure, we shall place before him a brief outline of the present state of the Dublin Hospitals, of the College as a school of surgery, and of the condition of the majority of its members residing in Dublin, and, lastly, select such passages from Mr. Kirby's Address as unfold his plans for the removal of these evils.

In Dublin there are six surgical hospitals, containing from fifty to a hundred and fifty beds each, and in neither of these institutions are clinical instructions regularly delivered. This fact requires no comment. To each of these hospitals are attached from three to six medical officers. The number of pupils who pay for admission varies from six or seven in the smaller to about seventy or eighty in the larger hospitals. The fees also differ, according to the number of the beds, from six guineas a year to eighteen. These fees are divided equally amongst the surgeons of the establishment which they attend. Many of these institutions, it should be recollected, derive their principal support from the casual benefactions of the charitable; and while the pulpit, the play-house, and the lottery office have been severally put in requisition to increase the funds of these houses of refuge, the surgeons, who owe to them whatever reputation and success in practice they may happen to possess, are mulcting the student—

setting limits to the acquisition of knowledge—and at the same time defrauding the beggar, by appropriating the bounty paid for the inspection of his sores. What right has a surgeon to convert a charitable institution into a source of personal aggrandisement; or by what unaccountable neglect in the governors of these places are medical men tolerated to practise such vile exactions? We were once present in one of these houses, when a wretch, houseless and unfriended, without a shelter but a gateway, or a pillow but a paving-stone, was ejected into the street to perish of want and disease, and in less than half an hour we saw a few paltry pounds scrupulously, nay, to the *toss-up* for an odd shilling, divided amongst the surgeons of this establishment, while a carriage was waiting outside to receive within its gilded pannels one of these *toss*-playing speculators in the miseries of his fellow creatures. Is not the emolument derived from a connection with an hospital sufficient to appease the avaricious craving of these pseudo-philantropists? Vespasian's urinary impost was but a faint type of this viler *per-centage* on the ulcers of pauperism, to sate the luxurious palates of these hospital emperors with the "delicacies of the season" at Morrison's tavern. Talk to us, indeed, of quacks, mountebanks, and impostors, what is their mercenary delinquency to this traffic in beggars' sores? Did the surgeon give in instruction value for the money which he receives from the pupils; did he derive neither pecuniary remuneration nor professional knowledge from his connection with these establishments; was his time wasted in the sterile enjoyment of a Platonic attendance in soothing the agonies of disease; then, indeed, and under no other circumstances, would he be justified in accepting a recompence for his labours. A very considerable revenue must be the result of this species of taxation on the laborious student, and how disgraceful that it should be deflected from its proper object—the support of the inmates of an hospital, to gratify a voluptuous *gourmand*, while there are hundreds of wretches pining away of disease in the garrets and cellars of Dublin, for want of a proper house of refuge, and medical assistance? We are far from asserting that a student should gain admission into an hospital without payment; we mean no such thing, but we do fearlessly assert that a amount of the fee should not be fi[xed] by the surgeons of an hospital, or t[hat] they should be at liberty to pu[t] money in their pocket, with[out] instructions for it; and that it would be preferable that these fees should go to extend the utility of the hospital where they are received, by enabling such institution to admit more patients into its wards. By a regulation of this kind, two objects might be accomplished—the admission of a greater number of applicants for medical assistance, and the extension of the opportunities of the student to inspect disease. In this manner a considerable addition might be made to the funds of the hospitals, since many students who now spend but one year (and we have known many such) out

of five, would, were the admission fee reduced to a moderate rate, spend the whole of that term in an hospital. Thus would the student, the hospital, and society, be benefited by such a regulation. As matters are arranged at present, what, we ask, is the consequence of forestalling the product of disease in an hospital mart? It is simply this; the student must limit his opportunities of witnessing the practice of an hospital according to his means: his means may not be ample; his opportunities must be curtailed in proportion; the science of medicine and surgery depends in a great measure upon extensive observation: the want of this must produce ignorance, and we need hardly dwell upon its consequences both to the student, to society, and to the profession. From this vicious concatenation of causes a multitude of evils spring. It cannot be denied that young men oftener embrace the medical profession from necessity than from choice, and that their means to arrive at the necessary sources of professional information are oftener below than above competency. Such being the case, it is ridiculous that any body of men, under pretence of raising the respectability of our *caste*, should raise the price of information beyond the student's pecuniary abilities. A man who attends an hospital for five years may be a very ignorant, but certainly he cannot be a dangerous practitioner.

These observations may help to give the reader some idea of the state of the Dublin Hospitals. It is not pretended here that an accurate account of the abuses of these institutions has been given; that we shall reserve for another opportunity. We merely intended to state a few glaring facts to show the necessity of a reformation in these establishments, and to justify the proposition of erecting some other institution which might, by its example, silently modify the existing arrangements of the other hospitals.

Those who have been in the habit of reading this Journal must have met with occasional remarks on the College of Surgeons in Ireland, oftener, perhaps, than the reader who seeks solely for medical instruction would desire, and delivered in a tone, perhaps, as contrary to his taste as they must have been to that of the writer. We must again add to this offence by noticing the state of this College, for the same reasons that we did the hospitals.

A library, a museum, and a clinical hospital we consider as indispensible appendages to every school of surgery or of medicine. The Irish college possesses the two former already; it only wanted the third to complete its requisites. To the library and museum the pupils are denied admission, for what reason we could never learn, except that it has been asserted, that when the library was open, the pupils stole the books and plates; and that if they were admitted into the Museum, the stairs could not be kept so white; that the preparations would not exhibit the same rank and file regularity on the shelves as they do at present; and lastly, that the members would be liable to be disturbed by the noisy intrusions of studiously inclined visitors! All these

objections may no doubt be very true, but they are very trifling, and remind us of the Dutch, who keep one kitchen for show and another for use; except that the College differs from the ostentatious Dutchman, inasmuch as it keeps no utensils at all for common use. As to the students stealing books, we do not believe one word of it; servants sometimes steal books in public libraries; but, admitting the fact to be true, it is as illogical as it is unjust, upon such a presumption, to exclude a hundred honest men from a library because one ruffian may commit a petty theft. Thus are the advantages of the College rendered unavailing by monopoly, while those which might be added are neglected on the same narrow principles. That it might be placed on a level with any similar institution in Europe, by the adoption of a more liberal policy, there can be no doubt. The materials for the study of anatomy and pathology exist in the greatest abundance. *Subjects* may be had at ten shillings a-head, and thanks to our noble *Premier*, LIVERPOOL, as long as it is his pleasure to keep the Irish peasantry on the "antiphlogistic regimen" of feasting upon sempiternal potatoes, there can be no danger of a dearth of disease. Mr. TODD and Lord LIVERPOOL, in their respective avocations, work for the same ends—the one starves the body, the other the mind.

In this enviable condition are the affairs of the college situated. The unemployed state of the professional hands, to use a manufacturing phrase, shall be next adverted to. To do this we have only to quote Mr. Kirby Would that he had always spoken so well:—

"Of *Seventy-one* members of the college resident in Dublin, *forty-eight* are without any hospital opportunity; and of *thirty-eight* licentiates none are connected with any institutions of the kind. Can it be longer maintained that there is no want of hospitals, as far as the college is concerned? Are these individuals careless on the subject? I say they are not. Their first ambition is to be concerned with an hospital. To this laudable ambition they devote all the interest they can command, and in the pursuit of this desirable object they are content to expend their pecuniary means. They feel the value of an hospital as an introduction to public notice; they feel the value of an hospital in the acquirement of professional experience, and they duly estimate the claims it affords them to patronage in point of pupils. They well know, without a hospital, no man in this country has ever taken, or perhaps ever will take, a high station in the profession. They are sensible, without an hospital where their apprentices can be educated, they must sit down in despair of ever sharing in revenues which enrich the hospital surgeons of this city, and which first gave them the means to contend with the difficulties of getting forward in their profession."

The following observations are so apposite that we need offer no apology for their insertion:—

"Now, let me ask, are there hospitals enough to accommodate those who apply for admission into these institutions? Before the affirmative can be established, it must be shown that cancerous diseases are all accommodated; that the interesting diseases of the eye are all accommodated; that strumous diseases, diseases of the sexual organs, and a long catalogue of other diseases, are all accommodated; that none are excluded on which surgery could display its powers, with benefit to the suffering part of the community, and more real improvement to the science, than by a

search after things that are curious and anomalous in practice. Until all this is proved, I must hold the negative side of the question. After these considerations, can it be said, with even a semblance of truth, that there are no persons to fill the wards of an additional hospital in this large city? Will not a little reflection show, was its accommodation thrice as comprehensive as is proposed, it might be still usefully filled? What has advanced the character of London surgery but the London hospitals? (Mr. JOE BURNS, is this true?) Why are the Parisian schools so renowned?—Whence do we borrow our present taste for pathological research and pathological science? Is it from schools, where bodies are dissected, and surgery taught, without historic reference to the diseases which urged them to the grave, and without cases illustrative of the principles which the professor teaches? Are we still to go on in the old course, sowing for a harvest which we blight in its ripening? Let us guard against such a charge; let us show to this country, and to the surgical world, that we will merit the charter we enjoy. Let us prove to those whose funds enrich us—who have raised us to our prosperity, that we will give them a participation in the advantages we possess, however they may be acquired. Let us throw open the broad door of opportunity to those whose money has enriched us, and whose claim is strong to every advantage our funds can diffuse. Let us no longer pursue a system, too long persisted in, of harsh monopoly—a system, that by ridicule or unjustifiable opposition, aims at the overthrow of every individual who attempts an innovation, or dares to carry into practice any measure promising to benefit himself, or to extend the science to which he has devoted his means and the talents of his youth. Then, indeed, we may assert, that we have established a liberal and extensive system of Surgical Education. Our schools educating our students in all that is elementary, and our hospitals maturing, by early experience, those whose principles and practice cannot yet be fixed, and may be applied with uncertainty."

The observations which follow these are so excellent that we should feel great pleasure in laying them before our readers if our limits permitted transcription. We must therefore proceed to give Mr. Kirby's financial scheme for the support of the intended hospital:—

"And first, I shall state the resources of the college:—

	£.	s.	d.
Funded sum of 9,500*l.*; interest on ditto, about	377	10	0
Annual receipts from apprentices, licentiates, members, and penalties.....	2,142	9	1
	2,519	19	1
Annual expenditure of the college	1,260	17	7
Leaving a surplus of	1,259	1	6

He next states the expenditure of the proposed scheme, and the manner in which these expenses are to be met:—

	£.	s.	d.
Grant required from the college	6,000	0	0
Fund produced by loan from the members and licentiates, ten guineas each, viz. 107 members, 105 licentiates—232.....	2,436	0	0
For outfit.....	8,436	0	0

(Continued.)

	£	s.	d.
Annual grant required from the college	500	0	0
Fees of pupils not apprentices, at 15 guineas each, say 100 pupils, this being the probable average which the hospital would bring, deduced from the present number, which far exceeds it	1,706	5	0
Four house pupils, at thirty guineas each, for six months	273	0	0
Members' apprentices, say 100, at three guineas each per ann.	341	5	0
Licentiates' apprentices, say 80, at six guineas each per ann.	546	0	0
Subscribers brought by members and licentiates, say	100	0	0
Total amount	3,466	10	0
Deduct for over calculation	1,000	0	0
	2,466	10	0
He then states the expenses for the maintenance of one hundred patients, to meet all contingences, at 20*l.* per patient	£. 2,000	0	0
Leaving a balance of	466	10	0
	£. 2,466	10	0

The scheme of surgical attendance at the hospital is developed in the following terms by Mr. Kirby:—

"First it is proposed, that the members resident in town shall be divided equally into senior and junior sets, according to their standings.—That from each set three members shall be chosen by lot, at a quarterly meeting of the college, as surgical attendants for three months, who shall be responsible for the management of the hospital for that period, and who shall be obliged to report, at the next quarterly meeting of the college, upon all matters relating to the hospital, and to submit their books of expenditure, &c. to the Court of Censors and Assistants, who, by proposed bye law, will be bound to inspect and report on same. That those members who have served during one quarter shall not be included in the lots for any succeeding quarter, until all the members have enjoyed their turn; but that any member upon whom the lot may fall shall be competent to assign his privilege of attendance to any other member for the limited period. That every attending surgeon shall deliver, during his period, in daily rotation, a clinical lecture; shall preserve a clear record in the hospital registry of every case under his care; and shall publicly perform, at a specified hour, the pathological examination of every body it may be permitted to examine, annexing a full record of such examination in the registry after the history of the case. And that at every inspection it shall be required of the surgeon to transmit to the Museum Committee of the College such morbid parts as promise to illustrate disease, with the name of the individual, the age, and the name of the disease, with a numerical reference to the index of the registry. That all apprentices of subscribing surgeons shall be authorized to attend all public acts of the surgical attendants, and that all pupils shall enjoy the same privilege. That all members of the college, whether in attendance or not, shall be competent to be present at all operations, but that those only who are quarterly attendants, shall occupy the area in which the operation table stands."

Such are the outlines of the scheme proposed by Mr. Kirby, which, in the enlightened corporation of York-street, did not even find a voice to give it support. We pay it the willing tribute of our approbation, not from a conviction of its practicability or

.ts accuracy of conception, but because the attempt in itself was laudable, and because we wish to put on record the contempt and indifference with which this, and every similar body, receives any proposal tending, in the remotest manner, to disturb their tranquil enjoyment of an odious monopoly. Though Mr. Kirby has not sufficiently entered into detail of the expenses of the intended hospital, so as to satisfy the cautious before they would embark in such a speculation, yet it must be allowed that his observations are just, and that many of the features of his plan might be adopted with profit in the existing institutions of Dublin and other cities. The great fault of his scheme seems to be, that the whole expenses would have fallen on the college, while we presume a considerable assistance, by proper exertion, might be raised amongst the opulent residing in the country. In this opinion we are strengthened by the perusal of the last *Scotsman* newspaper, containing an account of the manner proposed to erect a similar institution in Edinburgh. But Ireland, the "last of the Nations"—the "tennis ball of fortune"—the sport of folly and the victim of intolerance, is ever to remain untaught by experience, unmoved by example—a petty province, where worth withers and genius is gagged. Hail! "land of jobbing," live for ever! Well may we address you as the Poet did his native soil,—

"Mantua, væ miserum, nimium vicina Cremonæ."

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Continuation of the case of Exostosis from p. 284.

The operation recommended by Sir A. Cooper, was this day (June 4) performed in the following way by Mr. Morgan: The patient was placed upon his back, and the leg properly supported; an incision was made through the centre of the tumour, commencing at the upper, and continuing it quite to the lower part; the integuments were dissected back, and the whole of the tumour exposed; the periosteum was separated partly by the knife and partly by the finger. The tumour was very soft, and highly vascular, and a considerable quantity of blood was lost from a small wound in the tumour, caused by the first incision; the hæmorrhage was arrested by pressing upon the external iliac artery; a piece of lint was applied, and a poultice put over the whole. In the evening there was considerable irritation, and a good deal of hæmorrhage. He passed a restless night, but was much better on the 5th.

6th. Complains of a good deal of pain; is very restless; pulse quick, and tongue rather furred. We shall notice the further progress of this case.

There has been no operation of importance performed this week.

The accidents admitted this week are, two cases of laceration of the scalp, a burn, paraphymosis, a simple fracture of the tibia and fibula, an injury to the knee, retention of urine, an incised wound of the abdomen, and a lacerated thigh.

ST. THOMAS'S HOSPITAL.

Case of Ptyalism, from the absorption of Mercury in the process of Silvering Mirrors.

William Brittain, ætatis 35, was admitted into Henry's Ward May 12, under the care of Dr. Elliotson, with

severe ptyalism from the absorption of mercury during the progress of coating glass with tinfoil and mercury in the manufacture of mirrors. His appearance is very emaciated, and he states that he has been affected in the same way before, and that his habits are temperate and regular. About six weeks ago he was exposed to cold, and in a few days had a sore mouth, with ptyalism, which increased to a very great degree; the salivation was so profuse that he spat about four quarts in twenty-four hours, and, from the excessive soreness of the mouth and throat, could not swallow solids. He was ordered to take *a drachm of sulphur*, with a *scruple of the carbonate of potass every six hours.*

17th. The ptyalism rather abated; considerable pain in the bowels. The sulphur ordered to be taken in milk, and the carbonate of potassa in water, and six drops of the tincture of opium to be taken every six hours. The pain in the bowels continued with considerable diarrhœa, also partial paralysis of the superior extremities.

28. The diarrhœa has considerably increased, with great pain in the bowels. Ordered to take an ounce of the chalk mixture, with six drops of the tincture of opium.

31. The diarrhœa has ceased; there is no pain in the bowels; the ptyalism is trifling; the tremor in the limbs is not so much as before, though still considerable. Ordered to take meat, with a pint of beer daily: there is still a little soreness in the gums, and a mercurial fœtor of the breath.

June 6. In a state of convalescence, the mouth well, and there is now only a tremor in the hands when he attempts to grasp or hold any thing steadily.

Case of extensive Chronic Abscess over the Right Scapula.

William Clary, ætat. 32, was admitted June 1. into Isaac's Ward, under the care of Mr. TYRRELL, with extensive chronic abscess over the right scapula, extending above, from its superior costa, to a little below the inferior angle, and from the anterior costa before, to near the spinous processes of the dorsal vertebræ behind; he is of a leuco-phlegmatic temperament, of regular habits; but, from the nature of his employment, constantly exposed to wet and a moist atmosphere. He first perceived an uneasiness in the shoulder about five months ago, which did not prevent him from following his usual occupation; it gradually increased for about two months, when he gave up his employment for a week or two; the tumour then subsided, and he returned to his work; from that time the tumour has increased slowly, till it acquired the dimensions described above, when he was admitted into the Hospital. During the progress of the disease, his general health has been good; appetite moderate, and has not had any pain till the afternoon of the day when admitted. He had then considerable pain; in a few hours after the pain came on, the abscess burst, and discharged a large quantity of pus; the pain abated, and he slept well the following night.

4th. Ordered to take half an ounce of castor oil, to have a linseed meal poultice applied over the scapula, and to take a pint of porter daily.

5th. He was directed to have a compress of lint applied over the seat of the abscess above the opening at the lower part of the tumour, the compress to be confined in its situation by straps of adhesive plaster.

Case of Amaurosis.

Richard Roy, ætatis 31, admitted into King's Ward Feb. 17, under the care of Mr. TYRRELL, for amaurosis; he is of a sanguineous temperament, of sober, regular habits, and has been accustomed to an active life, and frequently exposed to fatigue from travelling; states, that about a year since, when travelling in the night during a hoar frost, he fell asleep and slept for about three or four hours; in the morning, when he awoke, he found that he had lost sensation and motion in the left side of the head and neck; in a few days he had a smart attack of fever, with severe pain of the forehead, over the eyes, and back of the neck, with considerable rigidity of the muscles of the affected side. He consulted a practitioner in Aberdeen who, by the usual remedies, cured the fever, and,

by a succession of blisters to the forehead, endeavoured to relieve the severe pain without success. He now began to find a defect of vision in the left eye, which gradually increased to a total deprivation. In about a month after he lost the use of the left eye the right became affected in the same way, and in a short time he became quite blind with both eyes; the pain in the head and neck remained as severe as before. He applied and was admitted into the infirmary at Aberdeen, where he had several hot baths, at a temperature of 130°, which in a short time relieved the pain of the head and neck, but had no effect in restoring vision, so that when he was discharged he was no better than when he entered the infirmary. He had been blind about six months before he was admitted into this hospital; when admitted he was totally blind of the left eye, and could but just distinguish between night and day with the right; the humours were clear; feel of the globe of the eye natural, and the iris free and active. The following plan of treatment was adopted:—

On the 19th, he was ordered to take five grains of the blue pill, night and morning, and to be cupped on the left temple to ʒxiv.

23. To continue the pills and to have a seton put in the back of the neck.

March 15. The pills to be taken at night and not in the morning.

19. Apply the alum lotion to the eyes.

30. The pills to be continued at night.

April 13. To be cupped on the temples to ʒxij.

16. To take an alterative pill twice a-day.

30. The cupping on the temples to be repeated.

May 18. The alterative pill to be taken at bed-time.

During this plan of treatment we have not given the daily change which took place, suffice it to say that the patient gradually recovered his vision, at first in the right eye and then in the left, and is now (June 6th) with the right eye able to read the large print in the hospital Bible, and with the left can distinguish when any opaque body is placed between him and the light; also any colours, but cannot read large print with it. The patient is in a fair way to recover the complete use of his eyes.

We will state the condition of the patient when he leaves the hospital.

Operations.

The operations performed here this week are—the removal of a chimney-sweeper's cancer from the scrotum, by Mr. TRAVERS. The removal of an exostosis from the palate; a cancerous tumour from the lower part of the back; and a cyst, containing fluid, from the leg; by Mr. GREEN.

The accidents admitted this week are few and unimportant, except a simple fracture of both bones of the leg, just above the ancle.

ST. GEORGE'S HOSPITAL.

Francis Butt, ætatis 30, was admitted 20th April into Prince's Ward, with symptoms of stone in the bladder. At present he complains of pain in the region of the pubis, groins, along the urethra and top of the glans penis; frequency and difficulty in voiding his urine, which comes away in a small stream; it sometimes stops suddenly while voiding it, and is loaded with mucus. Before his admission into the Hospital, he observed, at different times, a deposit of fine red sand in his urine, but there is none at present. He has had gonorrhœa four or five times, for which he used astringent applications. On examination per rectum, there can be felt an enlargement of the prostate gland, and in consequence of it the attempt to get an instrument into the bladder fails. About six inches and a half from the orifice of the urethra a stricture was found, for which a caustic bougie was applied. He has been the subject of these complaints for ten years, but they have increased rapidly in violence since last Christmas. In 1817, he was in this hospital under Mr. GUNNING for the same disorder, and had steel sounds passed.

22d. Semicupium vespere.—

℞ *Pulv. Ipecac. c* gr. x. *hac nocte sumend.*

Haust. Salin. ʒiss.

Potassæ nit. gr. v.

Tinct. opii, gr. v.—M.

Quart. quaque horâ sumend.

April 23. The bowels operated three times during last night, and he is this morning greatly relieved.

April 24. In the evening he had retention of urine, and with difficulty the house surgeon succeeded in passing a small flexible gum catheter into the bladder, where it was left.

April 25. Continues much the same.

Cat. cr. Perinæo ad ʒvi.

April 26. The symptoms have been much relieved; the catheter was withdrawn, and the bladder examined by Mr. JEFFREYS, with a sound, without finding a stone in the bladder; makes water freely.

April 27. Complains of rheumatic affection in the left hip.

℞ *Emp. Galb. comp. ad coccygem.*

℞ *Pulv. Ipecac. comp.* gr. x. *hor. s. sum.*

℞ *Decoct. Uvæ Ursi* ʒiss.

Liq. Potassæ ʒss. *Tinct. Opii* gr. x.—M. *ter in die sumend.*

Appl. Hirud. xii. *ad Perin.*

May 2. Sir EVERARD HOME sounded the patient a second time, but could not, on examination, detect the presence of stone in the bladder; bowels costive.

℞ *Ol. Ricin.* ʒi.

Cras Mane sumend.

June 6. The prostate gland is much diminished in size; up to this date he has been using the uva ursi, with the liq. potassæ, and is now quite well.

MIDDLESEX HOSPITAL.

Case of Strangulated Inguinal Hernia.

William Dunlay, a tall thin man, aged 29, was admitted into the Hospital on Sunday evening 5th June, (about nine o'clock,) with an inguinal hernia of the right side, which he stated to have existed upwards of three years, during which time he had constantly worn a truss; it frequently descended, but was easily returned when in the recumbent posture.

It came down on the Sunday morning about *ten o'clock*, and he was not able to return it; in the evening he sent for a surgeon, who bled him and attempted reduction of the hernia by the taxis, but failing to do so sent him to the Hospital.

The tumour was about the size of a goose's egg, occupying the inguinal canal, not protruding through the external abdominal ring; it was firm and painful upon pressure; the integuments not discoloured. The testicle of the right side had not descended into the scrotum, and it might readily be felt, much diminished in size, at the external abdominal ring. He complained of much pain in the abdomen, with tenderness upon pressure, and had vomited several times before his admission. We learn that the House Surgeon employed the taxis for a short time, and then put the patient in the warm bath; he again attempted to reduce it, but finding these means unsuccessful, Mr. BELL was sent for about 11 o'clock. Upon his arrival, he employed the taxis, very gently, for about *forty minutes*, and finding the hernia could not be reduced, Mr. B. proposed the operation to the patient, to which he consented.

The patient had now been in the Hospital only *three hours*.

Operation.

Mr. BELL commenced by making an incision over the whole length of the tumour, terminating opposite the external abdominal ring, in this part of the operation cutting through the common integuments and subjacent cellular membrane, and exposing the superficial fascia. A large branch of the external pudic artery was divided, which it was necessary to tie.

The tendon of the external oblique being now exposed, a small opening was made through it, into which a director was introduced, and it was divided by means of a probe-pointed bistoury; this exposed the hernial sac, which being also carefully divided brought into view the intestine, which appeared to be highly vascular, but not very dark coloured.

Mr. B. endeavoured to ascertain the situation of the stricture, which was found to be formed by the neck of the sac at the internal abdominal ring; having ascertained this, he introduced a director, and upon it a

probe-pointed bistoury, by means of which the stricture was divided directly upwards, and on this being completed, a considerable quantity of intestine rushed out. The testicle was distinctly seen at the lower part of the wound, and, as before mentioned, was much diminished in size. The intestine being returned, the integuments were carefully brought together and retained by means of two sutures, assisted by adhesive plaster, and over these a pad and bandage were placed.

A common oleaginous injection was directed to be administered immediately.

6th. We find him this morning with febrile symptoms; pulse 86; tongue furred, and thirsty. The enema only produced one scanty evacuation; he has much tenderness upon pressure over the whole abdomen. A purgative injection of salts and senna was directed to be administered immediately, and twelve leeches to be applied to the abdomen.

7th. In consequence of an increase in the pulse, both in force and frequency, he was bled in the night from the arm, he took yesterday a dose of calomel, followed up by castor oil, which produced three evacuations. Still much tenderness of the abdomen; pulse 84, and moderately firm.

8th. The patient is much better this morning; tenderness of the abdomen diminished; bowels open; eight leeches were applied to the abdomen last night.

The treatment of this case exhibits a very striking contrast to the management of the last case of a similar description which we had occasion to report. Cases of hernia occur but seldom at the Middlesex Hospital, and the results have been almost uniformly unfavourable. This cannot be indeed wondered at, if such treatment be adopted as in the case of Moore. We felt it our duty to express the severest censure of the means then employed, and the *tardiness* with which they were put into execution. Dunlay, on the contrary, had been only in the Hospital *three hours* when the operation was decided on, and there cannot be a doubt that the preservation of his life is owing to the *promptitude* with which it was performed. Thus the utility of our observations on the management of the case of Moore is demonstrated by the beneficial results which we have now the pleasure of recording.

[To be continued.]

TO CORRESPONDENTS.

ELIA *is in error.*

The second Letter of R. X. *has come to hand, but before we can publish it, we must be furnished with the name and address of the writer.*

The Letter of DON MORBLIEU *is not calculated for publication.*

The communication on the subject of Mr. BLACKETT'S *Tourniquet shall be returned to the Author, to whom we apologize for not having done so at an earlier period.*

R. S. *is informed, that we never interfere with the* private *affairs of any man. We cannot publish his letter.*

The case of "HOUR GLASS CONTRACTION" *sent to us from* LEAMINGTON, *is not sufficiently interesting for insertion.*

We shall very shortly say a few words on the abuse alluded to by R. W.

If Q. R. S. *will favour us with his address, we will write to him.*

The Communication of a SINCERE ADMIRER *is not sufficiently explicit; to which of the* "Learned Bodies" *does it allude?*

We are sorry that the Letter of S. *was not inserted at an earlier period. He must be aware that we are in the habit of receiving a vast number of Communications, and that it is absolutely impossible to attend to the whole of them as soon as received.*

VINDICATOR *has acted wisely in forming a resolution to read the* "WICKED LANCET" *no more.*

If CHIRURGUS *of* Birmingham *will forward us his address, we will write to him.*

The Letters from a WELL WISHER, *and* RAHERE'S GHOST, *shall appear in our next, together with a few remarks on the late Election for a Surgeon to* St. George's Hospital.

The Communication of JUNIOR *we have not as yet been enabled to decypher.*

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3*d June*, 1825.

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